



ILLINOIS  
DEPARTMENT OF CENTRAL  
MANAGEMENT SERVICES

# TELECOMMUNICATIONS SERVICE REQUEST

CMS P.O.# \_\_\_\_\_

## CUSTOMER INFORMATION (Agency Use)

1. Coordinator's Name <b>John Smith</b>		2. Coordinator Telephone No. <b>217 785 1111</b>		Date <b>1 11 01</b>		3. Control No. <b>CELL1234</b>		4. Page 1 of <b>1</b>	
5. Coordinator's Signature <b>Please sign here</b>		6. Div. Head, Supt., Agent APVL <b>Please sign here</b>				7. Director Approval		8. AU No. <b>493111111b01</b>	
9. Agency <b>Illinois State</b>			10. Division <b>Information Technology</b>			11. Contact & Telephone No. at Work Site <b>Jane Doe 217 524 0000</b>			
12. Current Address <b>123 West Adams</b>			13. Floor No. <b>2<sup>nd</sup> FL</b>	14. City & Zip <b>Springfield IL 62702</b>				15. Directory Listed No.	
16. New Address			17. Floor No.	18. City & Zip				19. Existing Service <b>X</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Service Type	21. 800 Service	22. Color of Telephone	23. Desired Service Date		Time	26. LOCAL DIRECTORY INFORMATION			
<input type="checkbox"/> New System <b>X</b> <input type="checkbox"/> Upgrade <b>X</b> <input type="checkbox"/> Cellular <input type="checkbox"/> Move/Add/Change <input type="checkbox"/> Video <input type="checkbox"/> Data/Lan <input type="checkbox"/> New Address (nearby # ) *TCVS/TCKS #	<input type="checkbox"/> 800 No. <input type="checkbox"/> Interstate  <input type="checkbox"/> Intrastate  <input type="checkbox"/> Ready line	<input type="checkbox"/> Black  <input type="checkbox"/> Ash  <input type="checkbox"/> Other				Illinois State of - Agency			<input type="checkbox"/> Published
			24. Overtime Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		Initials				<input type="checkbox"/> Non-Published
			25. Justification			Address			<input type="checkbox"/> Dir-Assist. Only
						City & Zip			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change
						Telephone No.			

## SERVICE REQUIREMENTS (Agency Use)

Line # or Extension # <b>217 725 1111</b>				New Line Pickups			Remarks <b>Please replace with new Motorola V60i w/ cigarette lighter adapter and leather carry case. Add voicemail.</b>					
Com No.	Room	COS	CFA to	CFB/Hunt to	PG	SCG/Control Station	BFP	SCI	CFV	CHD	Other	
Line # or Extension # <b>Need a new 217 Springfield #</b>				New Line Pickups			Remarks <b>Please provide a Motorola v120e w/ carry case and extra battery.</b>					
Com No.	Room	COS	CFA to	CFB/Hunt to	PG	SCG/Control Station	BFP	SCI	CFV	CHD	Other	

## For CMS Use Only

27. Telco		28. Site Vendor		29. Telecom Date Received		30. Ordered Date		31. Due Date	
32. Approved by:						33. Billing Information		Mail to: CMS Telecom 120 W. Jefferson St. Springfield, IL 62702	